SEP 2 5 MM3

| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | | Application No. | 09/755,49 | 98 | | |
|--|--|---------------------------------------|---|---|---|--|--|
| | | | Filing Date | January 5 | RECEIVED | | |
| | | | First Named Inventor | First Named Inventor Michael Yip | | | |
| | | | Art Unit | 2155 | SEP 2 9 2003 | | |
| | | | Examiner Name | Y.N. Wo | n | | |
| Total Number of F | Pages in This Submission | on 12 | Attorney Docket Number | r 2717P030 | Technology Center 2100 | | |
| ENCLOSURES (check all that apply) | | | | | | | |
| Fee Transmittal Form | | Drawing(s) | - | After to G | r Allowance Communication roup | | |
| Fee Attac | hed | Licensing-r | related Papers | Appeal Communication to Board of Appeals and Interferences | | | |
| Amendment / Re | esponse | Petition | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | |
| After Final Affidavits/declaration(s) | | Petition to 0 Provisional | Convert a Application | Prop | Proprietary Information | | |
| Extension of Tim | ne Request | Power of A Change of | ttorney, Revocation Correspondence Addres | l | Status Letter | | |
| Express Abando | onment Request | Terminal D | isclaimer | | r Enclosure(s) ase identify below): | | |
| Information Disclosure Statement | | Request for | r Refund | - retu | rn postcard | | |
| PTO/SB/08 | | CD, Number of CD(s) | | | | | |
| Certified Copy of Priority Document(s) | | | | | | | |
| Response to Missing Parts/ Incomplete Application | | | | | | | |
| Basic Filing Fee | | Remarks | | | | | |
| Declaration/POA | | | | | | | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | |
| | SIGNATURE | OF APPLICA | NT, ATTORNEY, OR A | GENT | | | |
| Firm or | Lisa Tom, Reg. No. 52,291 | | | | | | |
| Individual name | BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP | | | | | | |
| Signature | Lin Jan | | | | | | |
| Date | September 23, 2003 | | | | | | |
| | | | ING/TRANSMISSION | | | | |
| I hereby certify that thi sufficient postage as fi Box 1450, Alexandria, | irst class mail in an env | ing deposited with elope addressed | h the United States Posta to: Mail Stop Non-Fee Ar | I Service on the | ne date shown below with mmissioner for Patents, P.O. | | |
| Typed or printed na | me Annie G. Pea | rson | | | | | |
| Signature | Homio | D | | Date | September 23, 2003 | | |

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|---------------------|-----|------|------|----------|
| | SEP | 2 5 | 2003 | ۴., ب |
| THE PERSON NAMED IN | te, | | A ST | #UDW. |
| | ** | ARDE | | FE |

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

0.00

(\$)

| Complete if Known | | | | | | |
|----------------------|-----------------|--------------|--|--|--|--|
| Application Number | 09/755,498 | | | | | |
| Filing Date | January 5, 2001 | RECEIVED | | | | |
| First Named Inventor | Michael Yip | HECEIVED | | | | |
| Examiner Name | Y.N. Won | | | | | |
| Group/Art Unit | 2155 | SEP 2 9 2003 | | | | |
| Attorney Docket No. | 2717P030 | | | | | |

09/23/03

Date

| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | | | | | |
|--|--|--------------------------------|--------------|------------|--|----------------------------|-----------------|-------------|
| | 3. ADDITIONAL FEES | | | | | | | |
| ☐ Check ☐ Credit card ☐ Money ☐ Other ☒ None | Lare | ge Entity | ı Sma | ill Entity | | | | |
| Deposit Account | Fee | Fee | Fee | Fee | _ | | | |
| Deposit Account 02-2666 | Code | e (\$) | Code | (\$) | Fee | Description | | Fee Paid |
| Account Number 02-2666 | 1051 | 130 | 2051 | 65 | Surcharge - late filing | | | |
| Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP | | 50 | 2052 | 25 | Surcharge - late provi cover sheet. | isional filing fee or | | |
| | | 130 | 2053 | 130 | Non-English specifica | ition | | |
| The Commissioner is authorized to: (check all that apply) | | 2,520 | 1812 | 2,520 | For filing a request for | r <i>ex parte</i> reexamin | ation | |
| Charge fee(s) indicated below Credit any overpayments | 1804 | 920* | 1804 | 920 | Requesting publication of SIR prior to Examiner action | | | |
| Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. | 1805 | 1,840* | 1805 | 1,840 | * Requesting publication | on of SIR after | | l |
| Charge fee(s) indicated below, except for the filling fee | " | , ., | 1000 | ., | Examiner action | | | |
| to the above-identified deposit account | 1251 | 110 | 2251 | 55 | Extension for reply with | thin first month | | |
| FEE CALCULATION | 1252 | 410 | 2252 | 205 | Extension for reply with | thin second month | | |
| 1. BASIC FILING FEE | 1253 | 930 | 2253 | 465 | Extension for reply within third month | | | |
| Large Entity Small Entity | 1254 | 1,450 | 2254 | 725 | Extension for reply will | | | |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$) | 1255 | 1,970 | 2255 | 985 | Extension for reply with | thin fifth month | | |
| 1001 750 2001 375 Utility filing fee | 1404 | 320 | 2401 | 160 | Notice of Appeal | | | |
| 1002 330 2002 165 Design filling fee | 1402 | 320 | 2402 | 160 | Filing a brief in suppo | rt of an appeal | | |
| 1003 520 2003 260 Plant filing fee | 1403 | 280 | 2403 | 140 | Request for oral hear | • | | |
| 1004 750 2004 375 Reissue filing fee | 1451 | | 2451 | 1,510 | Petition to institute a p | | ing | |
| 1005 160 2005 80 Provisional filing fee | 1452 | | 2452 | 55 | Petition to revive - un | | | |
| SUBTOTAL (1) (\$) | 1453 | | 2453 | 650 | Petition to revive - un | | | |
| | 1501 | | 2501 | 650 | Utility issue fee (or reissue) | | | |
| 2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid | 1502 | | 2502 2503 | 235 | Design issue fee | | | |
| Total Claims | 1503 1460 | | 2460 | 315 130 | Plant issue fee Petitions to the Comn | niccionar | | |
| Independent Claims X = X X = = | 1807 | | 1807 | | Processing fee under | | | |
| Claims 5 X X = Multiple Dependent | 1806 | | 1806 | 180 | Submission of Inform | | mt | I |
| Large Entity Small Entity | 8021 | | 8021 | 40 | Recording each pater | | | |
| Fee Fee Fee Fee Description | 1 0021 | 70 | OOL | | property (times numb | | | |
| Code (\$) Code (\$) | 1809 | 750 | 1809 | 375 | Filing a submission af | ter final rejection | | |
| 1202 18 2202 9 Claims in excess of 20 | 4040 | 750 | 0016 | 075 | (37 CFR § 1.129(a)) | | | |
| 1201 84 2201 42 Independent claims in excess of 3 | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) | | | |
| 1203 280 2203 140 Multiple Dependent claim, if not paid 1204 84 2204 42 **Reissue independent claims over original | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) | | | |
| 1204 84 2204 42 "Reissue independent claims over original patent | 1802 | 900 | 1802 | 900 | Request for expedited | | | |
| 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent | of a design application Other fee (specify) response to office action | | | 0.00 | | | | |
| SUBTOTAL (2) (\$) | | | | | | | | |
| **or number previously paid, if greater, For Reissues, see below | * Reduce | Reduced by Basic Ring Fee Paid | | | \$ | SUBTOTAL (3) | (\$) | 0.00 |
| | <u></u> | | | - | | Comm | lete (if applic | ablo) |
| SUBMITTED BY | F | Registratio | n No. | Т. | | | | |
| Name (Print/Type) Lisa Tom | | Attomey/Age | | 5 | 52,291 | Telephone | (503) 68 | 54-0200 |

Signature